geminal body. The findings in these cases are carefully discussed in the light of the anatomical and physiological logic of the symptoms.

4. *Acromegaly.*—A case of acromegaly in a woman 70 years of age. Clinical résumé: Typhoid fever, menopause, cyphosis and progressive deafness, hypertrophic deformity of the head, hands and feet, ictus, right hemiparesis, flaccid paraplegia, chronic aortitis with insufficiency valvular. Pulmonary terminal congestion. Death. Autopsy showed parenchymatous hypertrophy of the hyphophysis, cirrhotic hypertrophy of the thyroid gland, cirrhotic superenal hypertrophy with adenoma, calcareous granulations of the choroid plexus.

5. *Cyanosis of Retina.*—A report of two cases and a résumé of the literature..

6. *Chronic Edema.*—Continued paper.

Thoracic Deformity.—Not adapted for abstract.

8. *Professional Cramp.*—An acocunt of the use of certain exercises in the treatment of these conditions. S. SCHWAB (St. Louis)).

Journal de Neurologie

(1905, No. 4..)

1. The Spinal Localization of the Muscles of the Perineum and the Rectum. S. IRIMESCO and C. PARHON.
2. The Physiopsychology of the Nuns of Port Royal. C. BINET-SANGLE.

1. *The Spinal Localization of the Muscles of the Perineum and Rectum.*—The authors, in an examination of two cases dead after extensive suppuration involving the perineum, anal region and rectum, found a group of cells situated in the second and third sacral segments in the mid-portion of the anterior horn, behind and slightly to the inner side of the group X of Onuf (the cells of which group these cells somewhat exceed in size) in reaction. The intermedio-lateral group in the third and fourth sacral segments also showed some changes. From a consideration of these cases and comparison of them with the findings reported by other investigators, they conclude that the perineal muscles are represented in the cell group first mentioned (adjacent to group X of Onuf), and that the intermedio-lateral group belongs to the sympathetic and has to do with the innervation of the unstriped muscular fibres of the rectum, while a small group just inside the intermedio-lateral group, also found in the reaction, they regard as the probable center for the internal sphincter of the anus.

2. *Physiopsychology of the Nuns of Port Royal.—A seventh* series of five cases from the famous Jansenist community. From an analysis of ten the author finds the following: One belonged to a family showing signs of advanced degeneration. In two there were various signs of degeneration, in one hypermotivity and tendency to melancholy, in all hyper-suggestibility. In two the cause of death could be ascertained, one dying from pneumonia, the other from cancer. The average age at death in four cases was 67 years.

(1905, No. 5.)

1. On the Presence of a Special Network in the Pigmented Region of the Nerve Cells. G. MARINESCO.
2. The Pathogeny of Conjugate Deviation of the Eyes and Head. DERAY.

1. *Special Methods in Pigmented Region of Nerve Cells.*—The author has studied the fibrillary network in the nerve cells under a number of different conditions, by the fibril method of silver impregnation of Ramon y Cajal. In middle-aged and elderly persons or animals, where the cells are apt to contain pigmentary deposits, he finds in the pigmented region a special form of fibrillary network with meshes of very thick fibrils which show up darker in color than the fibrils of the

other part of the cell, forming what he calls "the black network." The appearances vary somewhat in cells from different regions. In a type of cell in which the fibrils alone are prominent he finds no network in the pigmented region, but the fibrils become much thicker and darker there, and when they have passed this zone they resume their normal proportions. In the cells of the spinal ganglia in certain diseases, as lepra and pellagra, the author has found a network which he thinks identical with that occurring in the pigmented region as described above. This network is very resistant to different agents hurtful to the normal cell. As to its origin, the author thinks that it is derived from the ordinary net work through some chemical change closely connected with that producing the pigmentary deposit. Discussing the effect on nervous action of this change, while admitting that we have no definite information upon which to construct a theory, he suggests that possibly the wave of specific nervous energy is in some way diminished in intensity by passing through the areas of thickened fibrils. He has found "hypertrophy of the neurofibrils" so frequently in cases of rabies that he is inclined to consider it as a lesion characteristic of this disease, and quotes a recent work of Ramon y Cajal and Garcia as strongly supporting this view.

2. *Conjugate Deviation of Eyes and Head.*—Bard, and after him Dufour, have sustained the opinion that conjugate deviation is sensorial in origin, and often due to concomitant hemianopsia. This view the author combats, bringing forward the evidence opposing it. He calls attention to the fact that lateral movements of the head and eyes are connected not only with visual but also with auditory impressions, and that conjugate deviation is known to be produced by excitations arising in a number of different regions of the cortex. From an array of cases he shows that conjugate deviation and hemianopsia are by no means always associated. Considering the subject as a whole, the author concludes that conjugate deviation is not necessarily connected with hemianopsia, but may be due to lesions in the cortical centers for eye and head movements, in the parietal or frontal association centers of Flechsig, or in the association fibers connecting these with the visual centers; possibly also in the basal ganglia. In his opinion the location of the lesion in the posterior center of the parietal region explains the symptoms best. If it is destroyed the patient looks toward, if it is irritated, away from, the lesion. ALLEN (Trenton).

Psychiatrisch-Neurologische Wochenschrift

(May 6, 1905.)

Contains only articles of local interest.

(May 13.)

The Ceni Method of Treating Epilepsy.—Ceni's method of treating epilepsy by serum injection advocated by him in 1901 did not attract much attention in Germany. The author, however, is of the opinion that the result he claimed should not go unnoticed. One case he reported was of a young girl of 12 years of age, who had suffered from epilepsy for three years, having about fifty attacks a month. She was greatly emaciated, and apparently demented. As a result of the treatment she was soon free from attacks, improved mentally, and took on weight in a short time. In fact, "she showed a complete revolution in both physiognomy and character." Ceni's procedure, described by Wende in a previous number of the *Wochenschrift,* consists in the injection of serum taken from other epileptics or from those being treated,gradually increasing the dose from 72 to 410 g. in a period of from two to six months. Wende's results were not good, and he says himself that he was hindered from obtaining as good results as others by conditions he could not control. He